

2015 VEGI Claim Webinar Presentation

Presented by:
Vermont Economic Progress Council
&
Vermont Department of Taxes

Presentation Outline

- Part I: General Claim Information
- Part II: Completing Your Workbooks
- Part III: Accessing the System and Creating Your VEGI Claim
- Part IV: Completing the Claim Forms
- Part V: Filing the Claim
- Part VI: Tax Department Claim Review Process

Part I: General Claim Information

- Claims are due no later than April 30th. This is a statutory/mandatory deadline.
- Claims consist of: Instructions, Workbooks and Claim Forms.
- Instructions and Workbooks are available on the VEGI website (<http://accd.vermont.gov/business/start/vegi>) and on the system.
- Veteran claimants should already have Workbooks.
- Claim forms are only available on the system.
- Pay attention to automatic system emails and regular emails/correspondence.
- Must be an Admin, AO, or SAO to complete/submit Claim on the system.
- Only an AO or SAO can certify the Claim information.
- SAVE SAVE SAVE EACH PAGE

Part I: General Claim Information

What constitutes a complete and timely Claim?

- Workbooks and Claim forms must be complete and filed by the deadline of April 30th of each year.
- All required payroll reports and forms must be current and filed by their due dates with the Vermont Department of Taxes, including:
 - ✓ Form WHT-436: Quarterly Reconciliation of Withholding Tax
 - ✓ All payments due for Income Tax Withheld
 - ✓ Form WHT-434: Annual Reconciliation of Withholding Tax Return
 - ✓ Copies of W-2's/1099's to support Form WHT-434

Part I: General Claim Information

What will I need to complete a Claim?

- Headcount, Payroll, and Capital Investment data for all of 2015
 - If 2015 is Year 1, remember only employees added and capital expenditures made **after** your ACD are qualifying
- Completed Workbooks
 - 1st Year Companies: Blank Workbooks are available on the website or on the system
 - Veteran Companies: Use the saved Workbooks from the previous year.
- From your Authorization Document:
 - ✓ Activity Commencement Date
 - ✓ Authorization Period
 - ✓ Wage Threshold
 - ✓ Annual Performance Requirements

Part II: Completing Your Workbooks

- Go to the Vermont Employment Growth Incentive (VEGI) website:
<http://accd.vermont.gov/business/start/vegi>
- All Companies - Download and print the 2015 Instructions
- 1st Year Companies download and save these Workbooks:
 - ✓ Base Employment Workbook
 - ✓ New Qualified Employees Workbook
 - ✓ Non-Qualified Employees Workbook
 - ✓ Qualifying Capital Investment Workbook
- Veteran Companies: Reuse the Workbooks saved in previous years, except the Non-qualifying Employee Workbook.
- Once Workbooks are completed, save a copy to your computer for your records and for uploading to the VEGI Claim Form.
- These documents may also be accessed in the VEGI Application and Claim system at the top of each form.

Part II: Completing Your Workbooks

- Workbooks may be accessed on the Application and Claims System and will be located at the top of each Form.



[Back](#)

Document Information: [VC-2015-DEMOA-00001](#)



[Details](#)

You are here: > [VEGI Claim Menu](#) > [Forms Menu](#) > Claims for Years 1-5

CLAIM FORM - FILING YEARS 1-5

To view line-by-line VEGI Claim instructions, [Click Here](#).

To view and download the VEGI Base Employment Workbook, [Click Here](#).

To view and download the VEGI New Qualifying Employment Workbook, [Click Here](#).

To view and download the VEGI Non Qualifying Employees Workbook, [Click Here](#).

To view and download the VEGI Capital Investment Workbook, [Click Here](#).

To view the VEGI program statute, [Click Here](#).

Part II: Completing Your Workbooks

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633

Annual
Summary Sheet

Attachment A

VEGI Base Employment Data Workbook

Company Name: Enter company name

Contact Person:

Telephone Number:

E-Mail Address:

Date Prepared:

select year below
Claim Year Reported: 2015

*Annual Summary Payroll for all Non-Owner Full-Time Employees

("Owner", means any employee with more than a ten percent ownership interest, including attribution of ownership interests of the employee's spouse, parents, spouse's parents, siblings and children.)

All Positions	Payroll (Actual Medicare Wages)	Number of Jobs
Base Payroll for all Non-Owner Full-Time Employees:	\$0.00	0

Enter below your VEGI Activity Commencement Date.

Activity Commencement Date: enter ACD

BaseEmployment-VEGI-2015DataWorkbook.xls

Summary Sheet-1a

Non-Owner FullTime Employees-1b

Explanations - 1c

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Part II: Completing Your Workbooks

Non-Owner FullTime Employees-1b

Vermont Department of Taxes
Confidential



VEGI - Full-Time Employment Base Payroll and Jobs Detail

2015

Company Name: Enter company name

VEGI Claim Form Line 9 - Base Payroll for Full-time, Non-Owner Employees (Medicare Wages): \$0.00

Activity Commencement Date: enter ACD


VEGI Claim form line 10: Base Jobs 0

	Position Title/Job #	Employee Name	Social Security Number (last 4 digits)	Dates of Employment (calendar year)		Actual Compensation for this award Period as Reported on W-2s (Box 5)	Employed after Activity Commencement Date?
				From	To		
S1	Admin Secretary/ 1001	Sample Employee	000-00-3003	1/1/2009	12/31/2015	\$27,000.00	No
S2	Accounting Clerk/ 0002	Sample Employee	000-00-0002	5/1/2007	12/31/2015	\$32,000.00	No
1					12/31/2015		No
2					12/31/2015		No
3					12/31/2015		No
4					12/31/2015		No
5					12/31/2015		No
6					12/31/2015		No
7					12/31/2015		No
8					12/31/2015		No
9					12/31/2015		No
10					12/31/2015		No
11					12/31/2015		No
12					12/31/2015		No
13					12/31/2015		No
14					12/31/2015		No
15					12/31/2015		No
16					12/31/2015		No
17					12/31/2015		No
18					12/31/2015		No
19					12/31/2015		No
	0		Page Total Base Medicare Wages:			\$0.00	0

Part II: Completing Your Workbooks

NQE-Summary Workbook

Vermont Department of Taxes
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Attachment C

Vermont Employment Growth Incentive
New Qualifying Payroll and Jobs
 Summary Workbook

Company Name:
 Contact Person:
 Telephone Number:
 E-Mail Address:
 Date Prepared:

select year
 Year Award Began:

Select Claim Year
 Claim Year Reported:

Authorization Period: – To –

Activity Commencement Date:

This information is found in the "Notice of Authorization of Economic Incentives" document.
 The "Certificate of Eligibility" contains the five years target amounts for each utilization period of the award.

New Qualifying Payroll - Performance Measure (1): <input style="width: 100px;" type="text"/>	Claim Year 1: <input style="width: 50px; text-align: center;" type="text" value="2015"/>
New Qualifying Jobs - Performance Measure (1): <input style="width: 100px;" type="text"/>	Claim Year 1: <input style="width: 50px; text-align: center;" type="text" value="2015"/>
	<small>select year</small>
New Qualifying Payroll - Performance Measure (2): <input style="width: 100px;" type="text"/>	Claim Year 2: <input style="width: 50px; text-align: center;" type="text" value="2016"/>
New Qualifying Jobs - Performance Measure (2): <input style="width: 100px;" type="text"/>	Claim Year 2: <input style="width: 50px; text-align: center;" type="text" value="2016"/>
	<small>select year</small>
New Qualifying Payroll - Performance Measure (3): <input style="width: 100px;" type="text"/>	Claim Year 3: <input style="width: 50px; text-align: center;" type="text" value="2017"/>
New Qualifying Jobs - Performance Measure (3): <input style="width: 100px;" type="text"/>	Claim Year 3: <input style="width: 50px; text-align: center;" type="text" value="2017"/>
	<small>select year</small>
New Qualifying Payroll - Performance Measure (4): <input style="width: 100px;" type="text"/>	Claim Year 4: <input style="width: 50px; text-align: center;" type="text" value="2018"/>
New Qualifying Jobs - Performance Measure (4): <input style="width: 100px;" type="text"/>	Claim Year 4: <input style="width: 50px; text-align: center;" type="text" value="2018"/>
	<small>select year</small>
New Qualifying Payroll - Performance Measure (5): <input style="width: 100px;" type="text"/>	Claim Year 5: <input style="width: 50px; text-align: center;" type="text" value="2019"/>
New Qualifying Jobs - Performance Measure (5): <input style="width: 100px;" type="text"/>	Claim Year 5: <input style="width: 50px; text-align: center;" type="text" value="2019"/>

Note: All available cells on this summary page must be filled out completely for the "New Qualifying Payroll & Jobs" worksheet to calculate the claim data correctly.

NewQualifyingEmployees-VEGI-2015DataWorkbook.xls

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NQE-Summary Workbook
New Qualifying Jobs-Year 1-1b
Claim Maint. Year 1-1c
New

Part II: Completing Your Workbooks

New Qualifying Jobs & Payroll Data Worksheet													
Claim Year 1													
2015													
Company Name: 0				Total "Annualized Wages for New Qualifying Jobs" created this period: \$0									
Activity Commencement Date: January 0, 1990				Total "New Qualifying Jobs" created this period: 0									
2015 Wage Threshold				wage/hr		Annual wage		Jobs Performance Measure (1): 0		Payroll Performance Measure (1): \$0			
2015		Wage Threshold		14.64		\$26,645							
"New Qualifying Positions" created in Utilization Period 1 Position Title/Job #	"New Qualifying Employees" Utilization Period 1 Employee Name	Social Security Number (last 4 digits only)	Dates of Employment	Number of Days:	Medicare Wages as reported on W-2s (box 5)	Minimum Hourly Wages or Salary	Annualized Wage for "New Qualifying jobs"	Ratio: days wrkd /365	Qualifying Yes/No	Actual hours worked -Year 1	Bonus	htly wage + bonus combined	
2015			2015	2015	2015	2015	2015	2015			2015	2015	
S1 Journeyman/1000	Sample Employee	000-00-0010	01/01/2015	12/31/2015	365	\$28,432.00	\$15.62	\$28,432	100%	Yes	1820	0.00	\$15.62
S2 Data entry clerk/1001	Sample Employee	000-00-0020	02/01/2015	12/31/2015	334	\$21,517.20	\$13.04	\$23,514	92%	No	1668	300.00	\$13.08
S3 Data entry clerk/1002	Sample Employee	000-00-0030	03/01/2015	12/31/2015	306	\$25,300.00	\$18.53	\$30,178	84%	Yes	1365	0.00	\$18.53
1			12/31/2015	42370				\$0	11608%	No			#DIV/0!
2			12/31/2015	42370				\$0	11608%	No			#DIV/0!
3			12/31/2015	42370				\$0	11608%	No			#DIV/0!
4			12/31/2015	42370				\$0	11608%	No			#DIV/0!
5			12/31/2015	42370				\$0	11608%	No			#DIV/0!
6			12/31/2015	42370				\$0	11608%	No			#DIV/0!
7			12/31/2015	42370				\$0	11608%	No			#DIV/0!
8			12/31/2015	42370				\$0	11608%	No			#DIV/0!
9			12/31/2015	42370				\$0	11608%	No			#DIV/0!
10			12/31/2015	42370				\$0	11608%	No			#DIV/0!
11			12/31/2015	42370				\$0	11608%	No			#DIV/0!
12			12/31/2015	42370				\$0	11608%	No			#DIV/0!
13			12/31/2015	42370				\$0	11608%	No			#DIV/0!
14			12/31/2015	42370				\$0	11608%	No			#DIV/0!
15			12/31/2015	42370				\$0	11608%	No			#DIV/0!
16			12/31/2015	42370				\$0	11608%	No			#DIV/0!
17			12/31/2015	42370				\$0	11608%	No			#DIV/0!
18			12/31/2015	42370				\$0	11608%	No			#DIV/0!
19			12/31/2015	42370				\$0	11608%	No			#DIV/0!
20			12/31/2015	42370				\$0	11608%	No			#DIV/0!
21			12/31/2015	42370				\$0	11608%	No			#DIV/0!
22			12/31/2015	42370				\$0	11608%	No			#DIV/0!
23			12/31/2015	42370				\$0	11608%	No			#DIV/0!
24			12/31/2015	42370				\$0	11608%	No			#DIV/0!
25			12/31/2015	42370				\$0	11608%	No			#DIV/0!
26			12/31/2015	42370				\$0	11608%	No			#DIV/0!
27			12/31/2015	42370				\$0	11608%	No			#DIV/0!
28			12/31/2015	42370				\$0	11608%	No			#DIV/0!
29			12/31/2015	42370				\$0	11608%	No			#DIV/0!
30			12/31/2015	42370				\$0	11608%	No			#DIV/0!
31			12/31/2015	42370				\$0	11608%	No			#DIV/0!

Part II: Completing Your Workbooks

VEGI Claim Maintenance Form											2015				
Payroll & Jobs															
Company Name: 0															
Activity Commencement Date: January 0, 1900															
Wage Threshold															
2015															
Wage/hr															
Annual wage															
2015															
Wage Threshold															
14.64															
\$26,645															
Fill-in corresponding column annually to report VEGI Claim Maintenance															
"New Qualifying Positions" created in Utilization Period 1 Position Title/Job #															
"New Qualifying Employees" Utilization Period 1 Employee Name															
Social Security Number (last 4 digits only)															
Dates of Employment															
Medicare Wages as reported on W-2s (box 5) year ending:															
Annualized Wage for "New Qualifying Jobs"															
Medicare Wages as reported on W-2s for year ending:															
Medicare Wages as reported on W-2s for year ending:															
Medicare Wages as reported on W-2s for year ending:															
Medicare Wages as reported on W-2s for year ending:															
Medicare Wages as reported on W-2s for year ending:															
2015											2016				
2015											2017				
2015											2018				
2015											2019				
2015											2020				
1	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
2	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
3	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
4	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
5	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
6	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
7	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
8	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
9	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
10	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
11	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
12	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
13	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
14	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
15	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
16	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
17	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
18	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
19	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
20	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
21	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
22	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
23	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
24	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
25	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
26	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
27	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
28	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
29	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
30	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
31	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								
32	0	0	000-00-0000	1/0/1900	12/31/2015	\$0.00	\$0								

Part II: Completing Your Workbooks

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633

Annual
Summary Sheet

Attachment B
VEGI Non-Qualifying Employees Workbook

Company Name:

Contact Person:

Telephone Number:

E-Mail Address:

Date Prepared:

select year below

Claim Year Reported: **2015**

***Annual Summary Payroll for Part-time Employees, Non-Qualifying Employees and Owner(s).**
(*Owner*, means any employee with more than a ten percent ownership interest, including attribution of ownership interests of the employee's spouse, parents, spouse's parents, siblings and children.)

All Positions	Payroll (Actual Medicare Wages)	Number of Jobs
Owner(s) Payroll:	\$0.00	0
Part-Time Payroll:	\$0.00	0
FT Non-Qualifying Payroll:	\$0.00	0

Enter below your VEGI Activity Commencement Date

Activity Commencement Date:

NonQualifyingEmployees-VEGI-2015DateWorkbook.xls

Summary Sheet-2a

Owner - 2b


Part-Time Employees - 2c

Non-Qualifying Employees

Part II: Completing Your Workbooks

Owner - 2b

Vermont Department of Taxes
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2015

VEGI - Owner(s) Payroll

Company Name: 0

Activity Commencement Date: January 0, 1900

Total Payroll (Medicare Wages): \$0.00

Total Number of Owners: 0

	Position Title/Job #	Employee Name	Social Security Number (last 4 digits)	Dates of Employment (calendar year)		Actual Compensation for this award Period as Reported on W-2s (Box 5)
				From	To	
S1	Owner	Sample Employee	000-00-1000	3/18/2008	12/31/2015	\$165,000.00
1					12/31/2015	
2					12/31/2015	
3					12/31/2015	
4					12/31/2015	
5					12/31/2015	
6					12/31/2015	
7					12/31/2015	
8					12/31/2015	
9					12/31/2015	
10					12/31/2015	
	0		Enter total on VEGI Claim Form Line 11			\$0.00

Summary Sheet-2a
Owner - 2b
Part-Time Employees - 2c
Non-Qualifying Employees - 2d
Explanations - 2e

Part II: Completing Your Workbooks

Data Summary Sheet

VERMONT

Attachment D

VEGI Claim Capital Investment Workbook
Annual Summary Worksheet

Company Name:

Enter company name here

Contact Person:

Telephone Number:

E-Mail Address:

Date Prepared:

Select claim year below:

Claim Year Reported:

2015

Activity Commencement Date:

select year	Award Periods 1-5	Qualified Capital Investment Data
2015	Actual Capital Investments - Year 1	\$0.00
	Yr 1 Performance Measurement Amount	\$0.00
2016	Actual Capital Investments - Year 2	\$0.00
	Yr 2 Performance Measurement Amount	\$0.00
2017	Actual Capital Investments - Year 3	\$0.00
	Yr 3 Performance Measurement Amount	\$0.00
2018	Actual Capital Investments - Year 4	\$0.00
	Yr 4 Performance Measurement Amount	\$0.00
2019	Actual Capital Investments - Year 5	\$0.00
	Yr 5 Performance Measurement Amount	\$0.00

Total Qualified Capital Investment Amounts For all Five Years

Actual Results: \$0.00

Performance Measurement Amounts: \$0.00

CapitalInvestment-VEGI-2015DataWorkbook.xls

Data Summary Sheet

Capex Year 1

Capex Year 2

Capex Year 3

Capex Year 4

Capex Year 5

Part II: Completing Your Workbooks

Capex Year 1

VERMONT

VEGI Capital Investment Worksheet
Claim Year 1 2015

Company Name: Enter company name here

Activity Commencement Date: January 0, 1900 Total Qualifying Capital Investment Purchases Claim Year 1: \$0
Capital Investment Performance Measure for Claim Year 1: \$0

Qualifying Machinery & Equipment - Purchased NEW

	Description	Location	Vendor	Date Purchased	Cost of New Machinery & Equipment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
Total Machinery & Equipment - NEW				Enter total on Line 17 of VEGI Claim Form \$0.00	

CapitalInvestment-VEGI-2015DataWorkbook.xls

Data Summary Sheet **Capex Year 1** Capex Year 2 Capex Year 3 Capex Year 4 Capex Year 5 +

Capex Year 1

VERMONT

Qualifying Machinery & Equipment - Purchased USED

	Description	Location	Vendor	Date Purchased	Cost of Used Machinery & Equipment
1					
2					

Capex Year 1

VERMONT

Qualifying Plant & Facility - Built New

	Description	Location	Vendor	Date Purchased	Cost of New Plant & Facility
1					
2					

Capex Year 1

VERMONT

Qualifying Plant & Facilities - RENOVATIONS

	Description	Location	Vendor	Date Purchased	Cost of Renovation & Fit-up
1					
2					

Part III: Accessing the System and Creating Your VEGI Claim

Log in to the VEGI Application and Claim System

- System Users with the Admin, AO, or SAO role can file claims.
- Each person has their own unique user name and password. Do not share.

To log in:

- Go to <https://grants.accd.vermont.gov> (this is new from last year)
- Enter your user ID and password in the Login box



The screenshot shows the login page for the Vermont Grants & Incentive Management System. The header includes the Vermont state logo and the text "Grants & Incentive Management System" and "Agency of Commerce & Community Development". A yellow button labeled "System Login" is visible. The main content area contains a welcome message and a list of options, including "New User Access". A login box is overlaid on the right side, containing fields for "Username" and "Password", a "LOGIN" button, and links for "New User?" and "Forgot Password?". A red arrow points from the text "Enter your user ID and password in the Login box" to the login box.

VERMONT Grants & Incentive Management System
Agency of Commerce & Community Development

System Login

Welcome to the State of Vermont's Agency of Commerce and Community Development (ACCD) Grants Management System. This system was designed to help both the State and the State's grantees to more effectively organize and manage grant-related information. Please choose from the list of options below:

- New User Access

Login

Username

Password

LOGIN

[New User?](#)
[Forgot Password?](#)

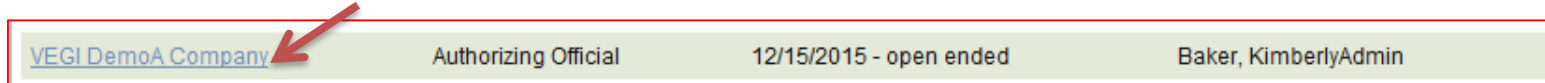
Part III: Accessing the System and Creating Your VEGI Claim

Locate the Approved Incentive

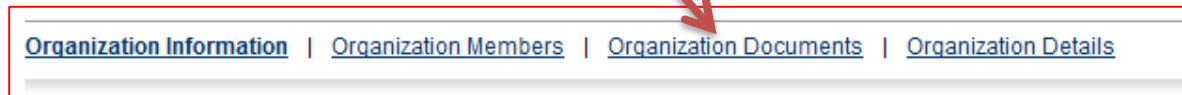
a. Click on the “Organization(s).”



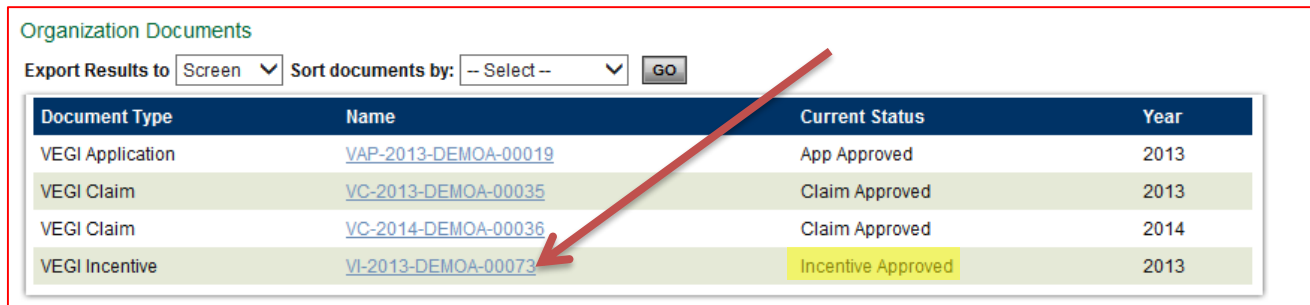
b. Click on the blue/underlined company name.



c. Click on “Organization Documents.”



d. Click on the incentive for your company.




Part III: Accessing the System and Creating Your VEGI Claim

e. Locate “Examine Related Items” and then click “View Related Items.”

VEGI Incentive Menu


Document Information: [VI-2013-DEMOA-00073](#)
Parent Information: [VAP-2013-DEMOA-00019](#)
[Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	VEGI Incentive	VEGI DemoA Company	Authorizing Official	Incentive Approved	N/A - N/A N/A

 **View, Edit and Complete Forms**


Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

 **Change the Status**


Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)

 **Access Management Tools**

Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.

[VIEW MANAGEMENT TOOLS](#)

 **Examine Related Items**

Select the **View Related Items** button below to view related items such as claims, messages, etc.

[VIEW RELATED ITEMS](#)

Part III: Accessing the System and Creating Your VEGI Claim

Create a New 2015 Claim

a. Click “Initiate a new 2015 VEGI Claim.”

Related Documents

Sort search results by: Filter by Document Type:

Document Type	Name	Current Status	Period Date / Date Due	Created By	Last Modified By
VEGI Claim	Initiate a new 2015 VEGI Claim				
VEGI Application	VAP-2013-DEMOA-00019	App Approved	N/A - N/A N/A	Grant System 12/15/2015 3:09:02 PM	TrishaDev Standen 12/15/2015 3:47:04 PM
VEGI Claim	VC-2013-DEMOA-00035	Claim Approved	N/A - N/A 04/30/2014 11:59PM	Grant System 12/15/2015 3:41:37 PM	TrishaDev Standen 12/15/2015 3:49:17 PM
VEGI Claim	VC-2014-DEMOA-00036	Claim Approved	N/A - N/A N/A	Grant System 12/15/2015 3:42:00 PM	TrishaDev Standen 12/15/2015 3:49:35 PM


b. Once you have clicked “Initiate a new 2015 VEGI Claim” you will be returned to the VEGI Claim Menu. Here click “View Forms”.

VEGI Claim Menu

Document Information: [VC-2015-DEMOA-00001](#)

☒ Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	VEGI Claim	VEGI DemoA Company	Authorizing Official	Claim In Progress	N/A - N/A N/A



 **View, Edit and Complete Forms**

Select the **View Forms** button below to view, edit, and complete forms.

Part III: Accessing the System and Creating Your VEGI Claim

c. Click “Filing Year Selection.”

Forms

Status	Page Name	Note	Created By	Last Modified By
	Filing Year Selection			
Incentive Payout				
	Incentive Installment Summary Report			

Part III: Accessing the System and Creating Your VEGI Claim

d. Choose the ① appropriate filing year, ② click “Save” and then ③ click “Forms Menu”.

NOTE: Forms are different for “Years 1-5” and “Years 6-9”.

The screenshot shows a web interface for creating a VEGI claim. At the top right are buttons for 'SAVE' and 'CHECK GLOBAL ERRORS'. Below these are links for 'Back' and 'Details'. A breadcrumb trail reads 'You are here: > VEGI Claim Menu > Forms Menu'. The main section is titled 'FILING YEAR SELECTION' and contains the instruction 'Please choose whether you are filing for Years 1-5 or Years 6-9:'. There are two radio button options: 'Years 1-5' and 'Years 6-9'. Red arrows with numbers indicate the workflow: ① points to the 'Years 1-5' radio button, ② points to the 'SAVE' button, and ③ points to the 'Forms Menu' link in the breadcrumb.

SAMPLE VEGI EARNING AND PAYOUT SCHEDULE

ACD= September 1, 2014 Year	Max. Inc Amount	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total Estimated
1- 2014	\$12,775	\$950	\$2,555	\$2,555	\$2,555	\$2,555					\$11,170
2-2015	\$196,167		\$22,886	\$39,233	\$39,233	\$39,233	\$39,233				\$179,820
3-2016	\$350,609			\$40,904	\$70,122	\$70,122	\$70,122	\$70,122			\$321,392
4-2017	\$439,040				\$29,269	\$87,808	\$87,808	\$87,808	\$87,808		\$380,501
5-2018	\$439,040					\$8,656	\$103,875	\$103,875	\$103,875	\$103,875	\$424,156
Totals:	\$1,437,632										\$1,317,038
Annual Sum of Incentives:		\$950	\$25,441	\$82,692	\$141,179	\$208,374	\$301,038	\$261,805	\$191,683	\$103,875	
Cumulative Total:		\$950	\$26,391	\$109,083	\$250,263	\$458,637	\$759,675	\$1,021,480	\$1,213,163	\$1,317,038	

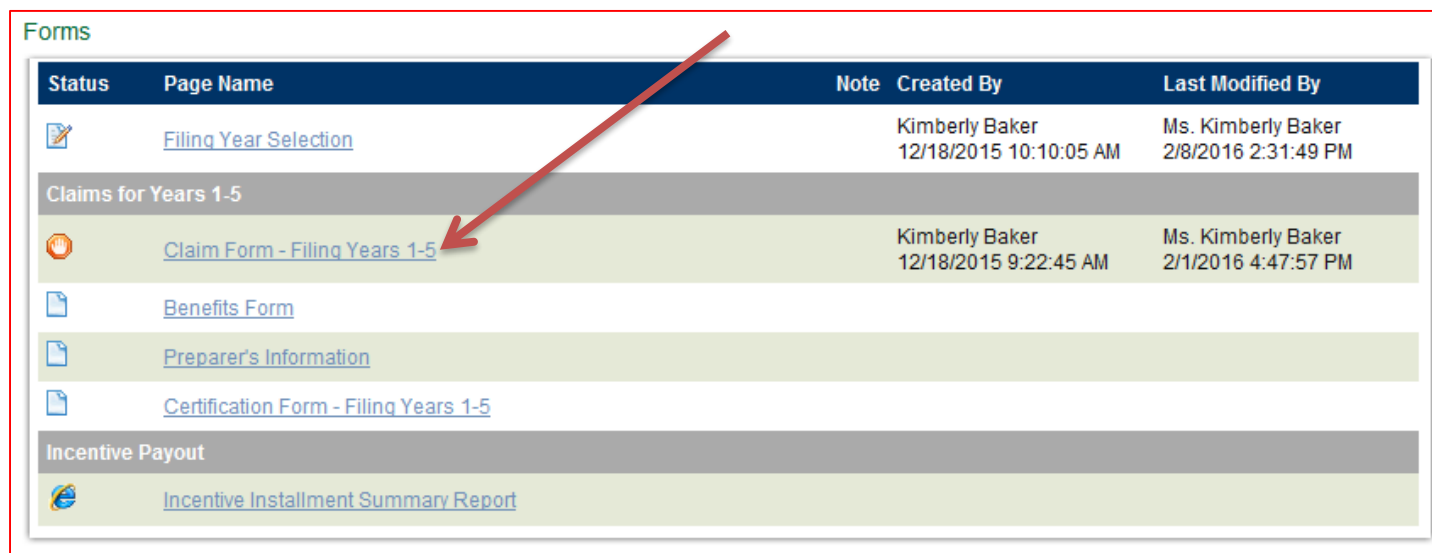
Part IV: Completing the Claim Forms

Follow these steps after the Workbooks have been completed and your “2015 VEGI Claim” has been created, and saved.







Refer to the Instructions if you have created the claim and are logging back into the system. Section III. 1. Locating the Claim.

Filing Years 1 - 5

- At the Forms Menu, click on “Claim Form – Filing Years 1-5”.



The screenshot shows a web application interface with a 'Forms' menu. A red arrow points to the 'Claim Form - Filing Years 1-5' link. The table below lists the forms and their details.

Status	Page Name	Note	Created By	Last Modified By
	Filing Year Selection		Kimberly Baker 12/18/2015 10:10:05 AM	Ms. Kimberly Baker 2/8/2016 2:31:49 PM
Claims for Years 1-5				
	Claim Form - Filing Years 1-5		Kimberly Baker 12/18/2015 9:22:45 AM	Ms. Kimberly Baker 2/1/2016 4:47:57 PM
	Benefits Form			
	Preparer's Information			
	Certification Form - Filing Years 1-5			
Incentive Payout				
	Incentive Installment Summary Report			

Part IV: Completing the Claim Forms

Years 1-5 General Claims Information

SAVE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS

GENERAL CLAIMS INFORMATION

1. Select the Year of this Claim: * *

2. Date Prepared: *

3. Activity Commencement Date: 05/01/2013

4. Company Name: *

5. Is the Company name you entered above different from the Company name used on the original VEGI application? ☐ No * ☐ Yes

Actual Project Location:

6. Street Address: *

7. City: *

8. Brief Description of Project:

0 of 2000

 *

Part IV: Completing the Claim Forms

Years 1-5 General Claims Information

- Payroll and Jobs Information

SAVE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS

PAYROLL AND JOBS INFORMATION

Attachment A: Base Employment Data Workbook Browse...

NOTE: If your company did not have payroll in Vermont prior to your Activity Commencement Date, you are not required to complete the Base Employment Data Workbook. Please enter "0" (Zero) on lines 9 & 10 of the VEGI Claim Form.

9. Base Payroll:
(See Base Employment Data Workbook – Tab 1b)

10. Number of Base Jobs:
(See Base Employment Data Workbook – Tab 1b)

Attachment B: Non Qualifying Employees Workbook Browse... *

11. Owner's Payroll:
(See Non Qualifying Employees Workbook – Tab 2b) *

12. Part-Time Payroll (Temporary/Seasonal):
(See Non Qualifying Employees Workbook – Tab 2c) *

13. Full Time Non Qualifying Payroll:
(See Non Qualifying Employees Workbook – Tab 2d) *

Attachment C: New Qualifying Jobs Workbook Browse... *

14. Number of New Qualifying Jobs
(See New Qualifying Jobs Workbook – Tab 'b' of claim year) *

15. Actual Payroll for New Qualifying Jobs:
(See New Qualifying Jobs Workbook – Tab 'b' of claim year) *

16. Annualized Payroll for New Qualifying Jobs:
(See New Qualifying Jobs Workbook – Tab 'b' of claim year) *

Part IV: Completing the Claim Forms

Years 1-5 General Claims Information

- Capital Investment Information

SAVE PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS

CAPITAL INVESTMENT INFORMATION

Attachment D: Capital Investment Workbook Browse...

Note: All amounts listed as Qualifying Capital Investments must be a part of the approved VEGI project and are subject to verification. The Tax Department may request documentation to support amounts posted.

Qualifying Capital Investments
Enter the totals from your Capital Investment Workbook on lines 17-20.

17. Machinery and Equipment – Purchased New:	<input type="text"/>	\$0 *
18. Machinery and Equipment - Purchased Used:	<input type="text"/>	\$0 *
19. Plant and Facilities – Built New:	<input type="text"/>	\$0 *
20. Plant and Facilities – Renovations:	<input type="text"/>	\$0 *
21. Total Qualifying Capital Investments	\$0	

Non Qualifying Capital Investments
There are no worksheets to complete for amounts entered on lines 22 - 25. This data is used as part of our reporting process.

22. Machinery and Equipment – Acquired:	<input type="text"/>	\$0 *
23. Plant and Facilities – Acquired:	<input type="text"/>	\$0 *
24. Land:	<input type="text"/>	\$0 *
25. Other Non Qualifying Investments: (Prior to Activity Commencement Date)	<input type="text"/>	\$0 *
26. Total Non-Qualifying Capital Investments:	\$0	

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
	Filing Years 1-5 Claim Form		Baker, Kimberly	12/23/2015 1:00:08 PM
	Benefits			
	Claim Certification			

Part IV: Completing the Claim Forms

Years 1-5 Benefits Form

SAVE CHECK GLOBAL ERR

BENEFITS FORM

To view line-by-line VEGI Claim instructions, [Click Here](#).

To view the VEGI program statute, [Click Here](#).

1. For the New Qualifying Jobs added this year,
Percent that are Vermont Residents:

% *

2. Hourly Benefits Ratio:

% *

3. Salaried Benefits Ratio:

% *

4. List below all the employer-provided benefits provided to the New Qualifying Employees added this year and indicate the percentage of the benefit paid by the employer. You must enter at least three for the employees to be counted as New Qualifying Employees, but enter all that apply.

Benefit Type:

*

*

*

Percent Paid by Employer:

% *

% *

% *

%

%

%

%

%

%

%

%

%

%

%

%

%

Navigation Links

Part IV: Completing the Claim Forms

Years 1-5 Preparer's Information

SAVE CHECK

[Back](#)
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[Details](#)

You are here: > [VEGI Claim Menu](#) > [Forms Menu](#)

PREPARER'S INFORMATION

To view line-by-line VEGI Claim instructions, [Click Here](#).

To view the VEGI program statute, [Click Here](#).

Prepared By: *

Date: *

Claim Contact Person: *

Title: *

Mailing Address: *

City: *

State: ▼

Postal Code: *

Telephone (format 000-000-0000): *

Email Address: *

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
	Claim Form - Filing Years 1-5		Baker, Kimberly 12/18/2015 9:22:45 AM	Baker, Ms. Kimb 2/1/2016 4:47:57
	Benefits Form			
	Certification Form - Filing Years 1-5			

Part IV: Completing the Claim Forms

Years 1-5 Certification Form

After all sections of the claim forms have been completed and the workbooks uploaded, the AO or SAO must review all workbooks and forms then complete the “Certification Form – Filing Years 1-5”.

Once completed click “Save” and then click “VEGI Claim Menu”.

Document Information: [VC-2015-DEMOA-00001](#)

[Details](#)

You are here: > [VEGI Claim Menu](#) > [Forms Menu](#)

CERTIFICATION FORM - FILING YEARS 1-5

To view line-by-line VEGI Claim instructions, [Click Here](#).

To view the VEGI program statute, [Click Here](#).

☐ * I hereby certify that the New Qualifying Employees added this year are receiving at least three of the following employer-provided benefits as required by Vermont Statute 32 VSA §5930(a)(20):

1. Health care: employer pays at least 50% of an employee's health care costs or at least 50% of the employee's health care insurance premium;
2. Dental assistance: employer pays a portion of an employee's dental care costs or a portion of the employee's dental care insurance premium;
3. Paid vacation: employer provides wages or salary for vacation days taken by employee;
4. Paid holidays: employer provides wages or salary for scheduled holidays taken by the employee;
5. Child care: employer provides free on-site child care or pays for some portion of employee child care expenses directly, as a reimbursement, or through a contribution to an employee assistance program.
6. Other extraordinary employee benefits: employer pays some portion of some other employee benefit. "Extraordinary" means a benefit that substantially impacts an employee. Examples of extraordinary benefits include: tuition assistance or reimbursement, adoption assistance, short and long term disability insurance with premium paid by employer, accidental death and dismemberment insurance with premium paid by employer, life insurance with premium paid by employer, vision care costs or insurance premium paid by employer, bonus pay, profit sharing, transportation subsidies, or substantial recreation benefits such as a season ski pass, year-long gym membership or equivalent. Benefits that will not be considered extraordinary are things such as flex time, work related shoes or clothing, on site services such as credit unions, gyms or massages, employee assistance programs, parties, products or product discounts.
7. Retirement benefits: employer makes a contribution to some type of employee retirement account each pay period;
8. Other paid time off, including paid sick days: employer provides wages or salary for any number of sick days taken by employee or some other time off such as maternity, paternity, adoption, bereavement, family emergency, jury duty, military service, community volunteering.

☐ * I hereby certify that the information on this VEGI Claim Form and accompanying schedules and statements are true, correct, and complete to the best of my knowledge and belief.
(To agree to this statement, check the box – this constitutes your signature).

Certified By: *

Date: *

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
	Claim Form - Filing Years 1-5		Baker, Kimberly 12/18/2015 9:22:45 AM	Baker, Ms. Kimberly 2/1/2016 4:47:57 PM
	Benefits Form			
	Preparer's Information			

Part IV: Completing the Claim Forms






Follow these steps after the Workbooks have been completed and your “2015 VEGI Claim” has been created, and saved.

Refer to the Instructions if you have created the claim and are logging back into the system. Section III. 1. Locating the Claim.

Filing Years 6 - 9

- At the Forms Menu, click on “Claim Form – Filing Years 6-9”.

Forms

Status	Page Name	Note	Created By	Last Modified By
	Filing Year Selection		Kimberly Baker 12/18/2015 10:10:05 AM	Ms. Kimberly Baker 2/9/2016 12:55:44 PM
Claims for Years 6-9				
	Claim Form - Filing Years 6-9		Kimberly Baker 12/18/2015 9:22:45 AM	Ms. Kimberly Baker 2/1/2016 5:12:19 PM
	Preparer's Information			
	Certification Form - Filing Years 6-9			
Incentive Payout				
	Incentive Installment Summary Report			

Part IV: Completing the Claim Forms

Years 6 -9 General Claims Information and Payroll and Jobs Information

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[Details](#)
You are here: > [VEGI Claim Menu](#) > [Forms Menu](#) > Claims for Years 6-9

[SAVE](#) [PRINT VERSION](#) [ADD NOTE](#) [CHECK GLOBAL ERR](#)

CLAIM FORM - FILING YEARS 6-9
To view line-by-line VEGI Claim instructions, [Click Here](#).
To view the VEGI program statute, [Click Here](#).

GENERAL CLAIMS INFORMATION
1. Select the Year of this Claim: *
2. Date Prepared: *
3. Activity Commencement Date: 04/27/2013
4. Company Name: *
5. Is the Company name you entered above different from the Company name used on the original VEGI application? ☐ No * ☐ Yes

PAYROLL AND JOBS INFORMATION
Attachment A: Base Employment Data Workbook [Browse...](#)
NOTE: If your company did not have payroll in Vermont prior to your Activity Commencement Date, you are not required to complete the Base Employment Data Workbook. Please enter "0" (Zero) on lines 6 & 7 of the VEGI Claim Form.
6. Base Payroll: *
7. Number of Base Jobs: *
Attachment B: Non Qualifying Employees Workbook [Browse...](#) *
8. Full Time Non Qualifying Payroll: *
Attachment C: New Qualifying Jobs Workbook [Browse...](#) *

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
	Claim Form - Filing Years 6-9		Baker, Kimberly	Baker, Ms. Kimberly
	Preparer's Information		12/18/2015 9:22:45 AM	2/1/2016 5:12:19 PM
	Certification Form - Filing Years 6-9			

Part IV: Completing the Claim Forms

Years 6-9 Preparer's Information

SAVE CHECK GLOBAL ERR

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[Details](#)
You are here: > [VEGI Claim Menu](#) > [Forms Menu](#)

PREPARER'S INFORMATION
To view line-by-line VEGI Claim instructions, [Click Here](#).
To view the VEGI program statute, [Click Here](#).

Prepared By: *

Date: *

Claim Contact Person: *

Title: *

Mailing Address: *

City: *

State: ▼

Postal Code: *

Telephone (format 000-000-0000): *

Email Address: *

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
	Claim Form - Filing Years 6-9		Baker, Kimberly 12/18/2015 9:22:45 AM	Baker, Ms. Kimberly 2/1/2016 5:12:19 PM
	Certification Form - Filing Years 6-9			

Part IV: Completing the Claim Forms

Years 6-9 Certification Form

After all sections of the claim forms have been completed and the workbooks uploaded, the AO or SAO must review all workbooks and forms then complete the “Certification Form – Filing Years 6-9”.

Once completed click “Save” and then click “VEGI Claim Menu”.

[Back](#)

Document Information: [VC-2015-DEMOA-00001](#)

[Details](#)

You are here: > [VEGI Claim Menu](#) > [Forms Menu](#)

CERTIFICATION FORM - FILING YEARS 6-9

To view line-by-line VEGI Claim instructions, [Click Here](#).

To view the VEGI program statute, [Click Here](#).

☐ * I hereby certify that the information on this VEGI Claim Form and accompanying schedules and statements are true, correct, and complete to the best of my knowledge and belief.
(To agree to this statement, check the box – this constitutes your signature).

Certified By: *

Date: *

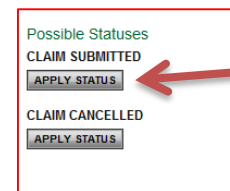
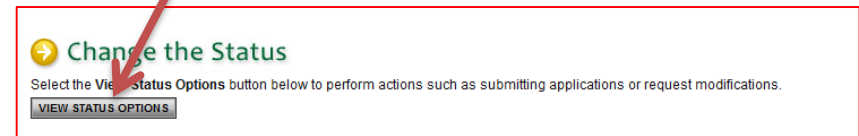
[SAVE](#) [CHECK GLOBAL ERR](#)

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
	Claim Form - Filing Years 6-9		Baker, Kimberly 12/18/2015 9:22:45 AM	Baker, Ms. Kimberly 2/1/2016 5:12:19 PM
	Preparer's Information			

Part V: Filing the Claim

- Review all workbooks and summary data transferred to the Claim Form
- Review requirements for complete Claim
- Return to “VEGI Claim Menu”
- Change status to “Claim Submitted”



Part VI: Tax Department Claim Review Process

- Claims are due no later than April 30th
- Review for complete filing
- Review for performance:
 - Base payroll Maintained?
 - Previous Performance Requirements Maintained?
 - Payroll Performance Measure Met?
 - Headcount or Capital Investment Measures Met?
- Claim modifications Required?
- Notifications to taxpayer. 30 days to respond.
- Possible Claim Statuses.
- When/How/Where are incentive installments sent.
- Tax Examiner Completes the “Incentive Installment Summary Report”

Thank you for doing business in Vermont!

Please contact us if you have any questions.

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- Fred Kenney, VEPC Executive Director
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